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Bib Data Sheet

CONFIRMATION NO. 1196

<b>SERIAL NUMBER</b> 09/855,004	<b>FILING OR 371(c) DATE</b> 05/14/2001 <b>RULE</b>	<b>CLASS</b> 704	<b>GROUP ART UNIT</b> 2655	<b>ATTORNEY DOCKET NO.</b> M-7199-1P US
<b>APPLICANTS</b> Andrew G. Smolenski, Las Vegas, NV; Steven Markman, Los Gatos, CA; Pericles Haleftiras, San Diego, CA; Jon Thomas Layton, Solana Beach, CA; Lizanne Kaiser, Richmond, CA; Gregory S. Kluthe, San Marco, CA; Michael W. Achenbach, Los Altos, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/290,508 04/12/1999 PAT 6,408,272				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/11/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> NV	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 65
Examiner's Signature <i>[Signature]</i> Initials <i>JL</i>		<b>INDEPENDENT CLAIMS</b> 6		
<b>ADDRESS</b> HAMILTON & TERRILE, LLP P.O. BOX 203518 AUSTIN, TX 78720				
<b>TITLE</b> Voice integration platform				
<b>FILING FEE RECEIVED</b> 945	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/290,508 04/12/1999				
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<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 07/11/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> NV	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 65
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> Shireen Irani Bacon Skjerven Morrill MacPherson LLP 25 Metro Drive, Suite 700 San Jose , CA 95110 <div style="text-align: right; font-size: 1.5em;"># 24251</div>				
<b>TITLE</b> Voice integration platform				
<b>FILING FEE RECEIVED</b> 945	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	